

Problems of pilgrimages

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'THEN longen man to go on pilgrimage, to Canterbury, the holy blissful martyr for to seek'. Chaucer, Prologue to the Canterbury Tales.

It appears to be a natural human instinct to choose, set aside and revere holy places, shrines, and people will seek such shrines to worship the spirits or gods associated with them and supplicate for favours, blessings and relief from sickness and bodily ailments by offering prayers and gifts. As for the antiquity of these beliefs and practices, archaeological digs in almost any country will reveal traces of such shrines with their votive offerings, thus it seems that shrines have been established and visits paid to them since time immemorial. There is no need of archaeological methods to study journeys to shrines, pilgrimages, of more recent times. Since the coming of Christianity pilgrims have journeyed continuously to the Holy Land, and Chaucer has described vividly in the Canterbury Tales the sort of people who went to Canterbury to seek the tomb of the martyr St Thomas a Beckett. But even before this Christians were journeying to the shrine of St James at Compostela in Spain, devout Moslems were wending their way to Mecca, and even earlier still Hindus were crowding into the Holy Cities along the course of their sacred river, the Ganges.

Today the place that attracts most pilgrims in Europe is Lourdes, a small town in the south of France on the edge of the Pyrenees to which over two million people travel every year. It became a centre of pilgrimage after, it is believed, the Virgin Mary appeared to a peasant child of 14, Bernadette Soubirous, on the 11th February, 1858, in a cave beside the River Gave, where the child used to gather wood for kindling. The lady of the apparition told the child that people should come to the place to pray and she also asked the child to scratch the earth on the floor of the cave, when a trickle of water started, which became a powerful stream. It is by bathing in that water that cures are said to have taken place.

So far as is known, despite the concourses that gather at Lourdes, there have been no epidemics, no outbreaks of disease, or even cases of cross-infection either from contiguity of any kind or from bathing

in the water. It will be understood that one of the objects of the visit is to bathe in the waters of the stream, which have been run into a bath, into which the sick are lowered. The water is also drunk, in fact it is taken and sent all over the world.

The main gatherings are in August and October of each year when the large French national pilgrimages take place and upwards of 50,000 people gather. Smaller groups of 5,000 or so visit Lourdes virtually every week, and from time to time individual pilgrimages have taken place, e.g. that of the deported peoples, 1946, when over 60,000 survivors from Dachau, Belsen, Buchenwald, and other grim death camps met at Lourdes in gratitude for their survival, or that of the French army in 1954, or the War Veterans pilgrimage when upwards of 100,000 people gathered.

On different lines and with quite a different significance for world health is the pilgrimage of devout Moslems to Mecca which takes place very year between the seventh and tenth days of the month of pilgrimages, the Dhu'l Hijja, in the Mohammedan year. Mecca, 45 miles due east of Jiddah on the eastern shore of the Red Sea, was actually a holy city long before Mohammed and was revered because of associations with Abraham and other old testament figures such as Hagar, and it also happened that it was on the trade route. Certainly it was on the old incense trade route in the time of the early Romans, and so it was that visits to trade fairs coincided with ancient feasts. Hides, fruits, and other merchandise were brought to Mecca by the Bedouins and the Meccans cultivated the religious aspects of the holidays. They became, therefore, the leaders of international trade in Arabia with the camel routes leading to Syria and especially the port of Gaza. Thus at the time of Mohammed Mecca held several shrines of deities sacred to many tribes, including, it is said, shrines to the Virgin Mary and the Infant Jesus. To this mart came Mohammed with his vision of the unity of God, learnt it seems, from the Hebrew prophets, and here the vision took shape to be carried to the ends of the world by the swords of his followers.

A devout Moslem of today is supposed, if he is

able, to make the Hajj or pilgrimage to Mecca at least once in his lifetime, circle the Ka'ba and kiss the black stone set in its south-east corner. To this end, therefore, Moslem pilgrims set out at the appropriate time and congregate in Mecca. They come from North Africa, Egypt, Syria, Turkey, South Eastern Europe, India and Indonesia, and whereas in former times they came in camel caravans, with part of the journey by ship, now large numbers arrive by air. Estimates of the crowds are of course difficult to obtain, but apparently 60,000 to 100,000 is the sort of concourse that usually gathers, crowding into Mecca which is itself a city of 50,000 to 60,000 inhabitants. The health aspect of the Mecca pilgrimage, although now of very limited danger, had in the latter half of the nineteenth century a truly fearful prospect, and Europe looked on each successive pilgrimage attentively and anxiously because the Mecca pilgrims, coming as they did from virtually all over the old world, brought with them cholera, plague and smallpox, which frequently developed in the necessarily over-crowded and insanitary conditions in the holy places. Thus the pilgrims have many times spread epidemics of these diseases in the country through which they travelled on their return, and on some occasions, notably 1865 and 1893, passed cholera on to Europe and even America. Mecca became in the latter half of the nineteenth century the relay station of cholera between Bengal and Egypt. To take the 1865 epidemic for example, according to Goodman (1971) 'Cholera arrived in the Hejaz with the pilgrims from Java and Singapore where it was epidemic. Out of 90,000 pilgrims it is estimated that more than 15,000 died. Ten ships took 50,000 returning pilgrims to Suez. The captains of the first two ships denied any unusual mortality during the voyage and the pilgrims were landed. It was subsequently discovered that more than 100 bodies had been thrown overboard. Three days later cholera broke out in Suez, then in Alexandria and the rest of Egypt, causing 60,000 deaths in three months. From Alexandria, the ports of the whole Mediterranean became rapidly infected. Italy, Spain and France on the one hand, the Near East, Russia, Germany and England on the other were all attacked. Finally, within less than six months cholera reached the New World on a ship from Marseilles to Guadeloupe and thence to New York. The total deaths in large cities alone exceeded 200,000'.

In the 1893 epidemic cholera caused over 30,000 deaths in the Hejaz alone. The Italian delegate at the 1894 International Sanitary Conference stated that the average mortality of the pilgrimages in the second half of the nineteenth century was 20-50% and had at one peak reached 70%. Because of the danger international bodies were set up to control this

focus and the Constantinople Superior Board of Health and the Sanitary, Maritime and Quarantine Board of Egypt (set up after the canal was opened in 1869) gathered statistics and attempted to introduce quarantine measures. After the International Conventions held in Venice in 1892 and 1903 quarantine stations were set up at El Tor for pilgrims going north and Kamaran Island, near Aden, for those going south. A later convention of 1926 set out details of deck space, accommodation in pilgrim ships, water supply, ship's surgeon, equipment, etc., and measures to be taken, and records were kept and sent to the International Health Office in Paris. These records were kept up but because of the precautions taken, the following years saw the virtual elimination of the Mecca pilgrimage as a source of cholera; for example in 1946 the Saudi Arabian Health Authorities reported that out of 62,000 pilgrims 32 deaths occurred during the five weeks of the ceremonial period, 'all due to old age'. In 1951, when the International Sanitary Regulations were adopted, some special provisions covering the pilgrimage were included but the Ninth Assembly in 1956, influenced perhaps by the gathering that year of 60,000 pilgrims in one place on one day without epidemic disaster, decided that such provisions were no longer necessary and in 1957 for the first time in 65 years the Mecca pilgrimage became free from special international health regulations.

In India enormous crowds of people have gathered at foci of Hindu worship for centuries but because subsequent development of disease has not affected the outside world and because there was no impact on British life in India or on the army, little if anything has been recorded about it. The Ganges is sacred to the Hindus and because by bathing in the sacred river sins can be washed away and merit derived, cities on the banks of the Ganges have become centres of pilgrimage. The Ganges rises at Gangotri in the Himalayas at a height of about 10,000 feet, winds its way through the foothills of Garhwal and debouches into the plains at Hardwar. It then passes by Dehra Dun, Muzzafarnagar, Bulandshahr and Farukhabad, all names familiar to anyone who has seen service in India. It now moves eastward to Allahabad where it receives the Jumna, later on it is joined by the Brahmaputra and from then on until it forms the delta in the Bay of Bengal it is quite a big river with a total length of about 1500 miles. Hardwar, at which is the head works of the Ganges canal, is a town of great antiquity and enormous crowds of Hindu pilgrims gather there every year in April and May at the beginning of the Hindu year when the sun enters Aries. On the bathing ghat is a footprint in the cement which is revered as that of the Hindu God Vishnu.

Next comes Allahabad, where the Jumna joins the

Ganges and the tongue of land between the junction is considered a very holy place. Here takes place in the Hindu month of Magh, the Mela or feast and a quarter of a million Hindus will crowd into Allahabad annually for the Magh Mela. Every 12th year is a special event, the Kumbh-Mela, and upwards of a million will gather placing enormous strains on local arrangements for hygiene and sanitation.

Then there is Benares, now named Varanasi. At this old city with a history going back to at least 12,000 B.C., the Ganges takes a smooth sweep for four or five miles in a semicircle and on one side the city rises like an amphitheatre while on the river banks on both sides are numerous stone platforms or ghats, either for bathing in the Ganges or cremation, because a Hindu who dies there or is cremated there, and his ashes cast into the Ganges, is assured of salvation. Enormous crowds continue to throng to Benares, again without any special arrangements being possible to safeguard health or prevent the outbreak of disease.

A different kind of pilgrimage altogether is that, in India, to the sacred cave of Amarnath, thirteen thousand feet up on the mountainside below a snow peak in the extreme northwest of Kashmir. In this vast cave a five-foot-high ice lingam, or phallus, the emblem of Shiva, forms in the summer months; it rises out of the ice only at times but is supposed to wax and wane with the moon and reach its greatest height when the August moon is full; on that day of full moon comes the yatra, the huge pilgrimage, which must arrive between dawn and dusk, bringing offerings of flowers and incense to lay before the symbol of the god (Godden and Godden, 1972).

The rough stony track is covered in snow for most of the year and grows narrower and steeper as it climbs; its last twenty miles can be covered only on foot or on mountain ponies. It then crosses a high pass, then, still above tree line, comes down to a rocky plain, where pilgrims make a line ten to twenty miles long that presses steadily on, shepherded by police and guides and local Moslem pony-men, and besieged by food-sellers, flower-sellers, beggars, all hoping for a good harvest of alms from these few hectic days.

Even in August the nights, at this height, are bitterly cold, and there are camps where the pilgrims can shelter, though the tents are too crowded for sleep. When, on the holy day itself, the pilgrims reach the last slope to the cave, they will bathe in the clear Amarvati stream. The queue of pilgrims, on the move before dawn to nightfall, becomes a double one: an ascending file of the freshly bathed and purified, struggling into the mouth of the cave, fighting and pushing for a sight of the lingam, and a

descending line passing the first, Hindu men, women, and children shouting the name of Shiva.

Today there are new deities to be worshipped, the modern ones of sport and pop music. Thus we have the four-yearly trek to the Olympic Games, although, with the well laid-out and ultra-hygienic Olympic villages and the orderly concourse of the games itself in a modern, vast and tidy stadium capable of accommodating more than 100,000 people, there is little likelihood of disease breaking out. Not for this event the dangers of cholera, plague, typhus, smallpox; much more likely outbreaks of nationalism, jingoism, and more recently and incredibly, terrorism. Perhaps there is more health risk in this island's pop festivals, although it may not appear so judging by results so far. Fortunately these festivals seem to be a summer activity so perhaps the only outbreaks we are likely to see are those connected with *Salmonella* or *Shigella* infection or possibly nothing more fearful than a few gonococci or lice on the rampage. Similarly, with the vast crowds on the football terraces, the hazards are more likely to be those attacking life and limb than the health of the onlookers.

However, a syndrome has been recently described (Tomkins *et al.*, 1974) which threatens that strange phenomenon of our day, the solitary pilgrim, the hippy, who wanders alone to far-off places with romantic names, Khatmandu, the Himalayas, the holy cities of India, Kabul in Afghanistan, and while one may visit Lourdes without fear of disease or contagion, or Mecca if one could obtain permission, or even the holy cities of Mother India, the lonely wanderer in Nepal or the Himalayas is likely to be at considerable risk eating strange food, drinking polluted water, and exposed to the tropical diseases that lie in wait for him. If like many such pilgrims the hippy, the flower child, is already addicted to cannabis, then his pilgrimage might conceivably end in disaster. Nevertheless the modern pilgrim can hardly be said to be at very great risk so far as health is concerned. Many of you may remember Hilaire Belloc's cautionary tale of Sarah Byng, who could not read or write a line. I may adapt his words to fit my subject and confess that 'I am confirmed in my instinctive guess that pilgrimage brings no distress'.

References

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